



GEORGIA BOARD OF MASSAGE THERAPY

237 Coliseum Drive, Macon, Georgia 31217

(478) 207-2440 Phone * www.sos.state.ga.us/plb/massage

APPLICATION FOR LICENSURE MASSAGE THERAPY

GENERAL INSTRUCTIONS

Please read these instructions, the Georgia Law (O.C.G.A. § 43-24A) and Board Rules pertaining to the practice of massage therapy in Georgia carefully prior to completing application. The Board may deny a license for any reason set forth in O.C.G.A. § 43-1-19.

YOU MAY NOT PRACTICE MASSAGE THERAPY IN GEORGIA UNLESS YOU ARE ISSUED A LICENSE BY THE BOARD.

ALL APPLICANTS MUST SUBMIT THE FOLLOWING:

APPLICATION FEE	The application fee is <u>non-refundable</u> and cannot be combined with any other fee. Money Orders and Personal Checks accepted; made payable to The Georgia Board of Massage Therapy. Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20. Please refer to the posted fee schedule (same website you printed this application from) for The current fee.
APPLICATION	Type or print in ink. You must respond to all the questions and requests on the application, and have your signature and the application notarized, or the application <u>will be returned for you to complete</u> .
SECURE & VERIFIABLE DOCUMENT	Changes to Georgia Law (OCGA 50-36-1) provide that <u>all applicants for licensure</u> provide a "Secure & Verifiable Document" with their application. The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "not later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary. ALL APPLICANTS FOR MASSAGE THERAPIST LICENSURE MUST PROVIDE THIS DOCUMENTATION OR THE APPLICATION WILL NOT BE PROCESSED. See pages 8 & 9 of this application for more information.
CRIMINAL BACKGROUND CHECK (See the instructions posted on the same site you obtained this application from for printing)	Criminal background checks are required by the law (O.C.G.A. § 43-24A-8, 13) for each application submitted. Refer to the Georgia Board of Massage Therapy website at www.sos.ga.gov/plb/massage under "Download Forms" for "MT Fingerprint COGENT-GAPS Instructions". Applicants <u>must register</u> with Cogent Systems and follow the guidelines found at their website at www.ga.cogentid.com . *DISCLAIMER: The Georgia Board of Massage Therapy is not responsible for unacceptable or rejected fingerprints submitted; it is the vendor's responsibility to provide acceptable fingerprints. DO NOT MAIL FINGERPRINT CARDS TO THE BOARD OFFICES-THEY WILL BE RETURNED TO YOU AND THIS WILL DELAY THE PROCESSING OF YOUR APPLICATION. For those applicants NOT located/living in the state of GA, the fingerprints and processing must be completed at a Georgia COGENTS/GAPS location.
ADDRESS CHANGES	Once a license is issued, you may update your e-mail mailing and physical address online, or in writing to the Board office. If you need to change your e-mail, mailing and/or physical address <u>WHILE</u> this application is pending, please notify this office in writing, by fax to (866) 888-7127, or by calling 478-207-2440. The post office does not forward mail from the board. NOTE: <u>All</u> name changes must be submitted to the Board office, cannot be done online. Change requests may be faxed to: (866) 888-7127, Attention: Massage Therapy Board. When writing the Board regarding a name change you must include a <u>copy</u> of the official document that changes the name. (Social Security Cards and Drivers Licenses are not acceptable .) DO NOT SEND ORIGINALS. IF YOU DO, THEY WILL NOT BE RETURNED.
US Citizenship or Lawful Presence	Please see page 6, 8 & 9 of this application for new requirements to verify your US Citizenship or lawful presence in the USA to work. Your application cannot be processed without this information.

DO NOT INCLUDE THIS INSTRUCTION PAGE WHEN SUBMITTING YOUR APPLICATION FOR LICENSURE TO THE BOARD – ONLY SUBMIT THE FOLLOWING PAGES (2-9)

FOR BOARD USE ONLY

Amount Submitted _____

Date _____

Receipt # _____



FOR BOARD USE ONLY

Certificate Number _____

Date Issued _____

Applicant No. _____

GEORGIA BOARD OF MASSAGE THERAPY
237 Coliseum Drive * Macon, Georgia 31217-3858
(478)207-2440 * www.sos.state.ga.us/plb/massage

APPLICATION FOR LICENSURE – MASSAGE THERAPIST
NON-REFUNDABLE APPLICATION FEE: \$125.00

(Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20).

Applying By: APPLICATION _____ ENDORSEMENT _____
(Please check only one)

PART 1: PERSONAL INFORMATION

NAME

LAST

FIRST

MIDDLE

MAIDEN

NAME (as shown on documentation or transcripts if different):

LAST

FIRST

MIDDLE

MAIDEN

SOCIAL SECURITY # _____ **DATE OF BIRTH** _____

(THIS INFORMATION IS AUTHORIZED TO BE OBTAINED AND DISCLOSED
TO STATE AND FEDERAL AGENCIES PURSUANT TO O.C.G.A. §§ 19-11-1 & 20-3-295,
U.S.C.A §§ 551, 20 & 1001)

(APPLICANT'S MUST BE 18 YEARS OF AGE OR
OLDER AT TIME OF APPLICATION)

**PHYSICAL
ADDRESS**

HOME ADDRESS (P.O. BOX, NOT ACCEPTABLE)

APT #

CITY

STATE

ZIP

If you are granted a license, your name, mailing address and license number are public information and your mailing address will appear on the internet. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change.

**MAILING
ADDRESS**

MAILING ADDRESS – A P.O. Box is acceptable as a mailing address (IF DIFFERENT THAN HOME ADDRESS)

APT #

CITY

STATE

ZIP

DAYTIME PHONE

OTHER PHONE

E-MAIL ADDRESS: _____

Male: _____ Female: _____

(Please print clearly)

Acknowledgement of your application will be sent by e-mail. Also, if any additional information is needed, e-mail is the most efficient way for the Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any e-mail address change. **YOUR E-MAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.**

PART 2: MESSAGE THERAPY EDUCATION INFORMATION

WHAT CITY AND STATE, COUNTRY DID YOU ATTEND HIGH SCHOOL? _____

NAME OF HIGH SCHOOL _____

Did you graduate? ☐ YES ☐ NO Give the date of graduation _____

If you did not graduate from high school, do you have a GED or other high school equivalency certificate? ☐ NO

☐ YES, Give date of completion _____

* NOTE: A copy of High School Diploma, GED or Certificate may be requested as evidence of completion/graduation.

NAME/ADDRESS OF MESSAGE THERAPY EDUCATION PROGRAM - Did you graduate? ☐ YES ☐ NO

Address of School _____ City _____ State _____ Zip _____

a. Dates Attended: _____ b. Graduation Date: _____ c. Diploma or Certificate: _____

* NOTE: If applying by Application, an Official Transcript from school of study showing date of completion/graduation and degree awarded may be mailed directly to Georgia Board of Massage Therapy or mailed/provided to the applicant in a sealed envelope to include with their application materials. Copies of certificates/diplomas are not accepted.

PART 3: PROFESSIONAL LICENSURE/CERTIFICATIONS

Are you licensed to practice as a Massage Therapist in any other state(s)? () Yes () No
Were you licensed as a Massage Therapist during a "grandfathering" period? () Yes () No

LIST STATE(S) OF LICENSURE AS A MESSAGE THERAPIST (Include additional sheets if necessary)

State Originally Licensed	_____	License No.	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other State License	_____	License No.	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other State License	_____	License No.	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other State License	_____	License No.	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

* NOTE: Verification of licensure as a massage therapist from other state or jurisdiction must be verified to Georgia Board of Massage Therapy. You must contact the state agency and have an original verification of licensure mailed or faxed (866-888-7127) directly to the Board or to the applicant, with the state's seal on the document. Please contact state agency for fees and processing time. Copy of licensure card is not accepted as verification of license. The Georgia Board requires all applicants to meet, at a minimum, licensure requirements for state of Georgia; therefore, any applicant who was licensed during a "grandfathering in" period must meet the current Georgia requirements for licensure.

Do you hold a license or certification for any other profession? () Yes () No

LIST OTHER PROFESSIONAL LICENSE(S) OR CERTIFICATION(S) YOU HAVE EVER HELD*:

Type	_____	Number	_____	State	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Type	_____	Number	_____	State	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Type	_____	Number	_____	State	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

* NOTE: The Board does not require license/certification (other than as a massage therapist) listed above to be verified. You may provide copies of your licensure card or certificate if you choose to do so. However, if you have had any disciplinary action taken against your license or certification, you must provide the Board with final disposition of the action(s) taken.

PART 4: EXAMINATION

HAVE YOU SUCCESSFULLY PASSED ONE OF THE FOLLOWING EXAMS?

A. National Certification Board for Therapeutic Massage and Bodywork (NCBTMB):

NCBTMB, "NATIONAL CERTIFICATION EXAM FOR THERAPEUTIC MASSAGE"; (NCETM,) THE "NATIONAL CERTIFICATION EXAM FOR THERAPEUTIC MASSAGE AND BODYWORK" (NCETMB), OR THE NATIONAL EXAMINATION FOR STATE LICENSING (NESL)?

☐ YES ☐ NO IF YES, PLEASE INDICATE TESTING DATE: (MONTH/DAY/YEAR) _____

Exam Taken (Circle One): NCBTM NCBTMB NESL

OR,

B. Federation of State Massage Therapy Boards (FSMTB) "MASSAGE AND BODYWORK LICENSING EXAMINATION (MBLEx)?"

☐ YES ☐ NO IF YES, PLEASE INDICATE TESTING DATE: (MONTH/DAY/YEAR) _____

OR,

C. Are you a recent graduate who plans to take one of the above noted exams? ☐ YES ☐ NO

INDICATE THE EXAM NAME AND DATE YOU PLAN TO TAKE THE EXAM:

(MONTH/DAY/YEAR) _____ CIRCLE ONE: NCBTM NCBTMB NESL or MBLEx

*NOTE: Official verification from NCBTMB or FSMTB showing date and passing score must be provided to the Board. Contact NCBTMB or FSMTB for verification to be faxed to the Board to 866-888-7127, or mailed directly to the Georgia Board of Massage Therapy, 237 Coliseum Drive, Macon, Georgia 31217-3858, or provided to you for submission with your application materials. Originals accepted only.

NOTE: CERTIFICATION BY NCBTMB OR FSMTB IS NOT A LICENSE TO PRACTICE MASSAGE THERAPY IN THE STATE OF GEORGIA. YOU MUST OBTAIN A PROFESSIONAL MASSAGE THERAPY LICENSE FROM THE GEORGIA BOARD OF MASSAGE THERAPY TO PRACTICE IN GEORGIA.

PART 5: EMPLOYMENT

ARE YOU CURRENTLY WORKING AS A MASSAGE THERAPIST? ☐ YES ☐ NO

If no, indicate last date of employment as a massage therapist: _____

IF APPLICABLE, PROVIDE THE LAST THREE PLACES OF EMPLOYMENT AS A MASSAGE THERAPIST, LISTING THE MOST RECENT EMPLOYER FIRST:

**** Please indicate your prior massage therapist employment information below. The Verification of Employment (Pg. 7) form will not be accepted if the employer is not listed on this application below:**

	Place of practice: Employer Name, City, State	Job Title/Responsibilities	<u>Dates</u> of Employment:
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

* NOTE: Submit the Verification of Employment form (page 7) to your most recent Employer to verify practice/employment as a Massage Therapist. Section II of the Verification of Employment form must be completed by your employer. The form will not be accepted if completed by the applicant. Submit with your application materials.

****If you are self-employed as a MT, complete the Verification of Employment form yourself, indicate self-employed, and sign it.**

*****IF YOU HAVE NEVER WORKED AS A MASSAGE THERAPIST, STATE SO HERE AND SIGN:**

Signed: _____

PART 6: BACKGROUND INFORMATION

If you answer yes to the following question, you must attach a detailed letter of explanation, and copy of any court(s) final disposition of action taken by any court(s). You are expected to read this question carefully and completely and to provide updated information for any changes occurring while this application is being processed. You will be asked to certify under oath that the answer is true and correct. Failure to answer this question truthfully and correctly may be grounds for denial of your application and/or other disciplinary action if licensure is granted. The Board must review the letter of explanation and any supporting documents; your application will not be considered complete and submitted to the Board until the information is received.

☐ YES ☐ NO

HAVE YOU EVER BEEN ARRESTED, CONVICTED, SENTENCED, PLED GUILTY, OR NOLO CONTENDERE OR BEEN GIVEN FIRST OFFENDER STATUS FOR ANY FELONY, MISDEMEANOR OR ANY OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? (DWI AND DUI ARE NOT MINOR TRAFFIC VIOLATIONS.) If yes, please provide a complete explanation of each offense and provide certified copies of the final court disposition or other supporting documents for each as well. (Note: You must respond, "yes" if you pleaded and completed probation as a First Offender.)

If you answer "yes" to any of the questions below, you must submit a detailed letter of explanation and request that the licensing board or agency send you a certified copy of the action(s) taken against your license or certification with relevant supporting documents directly back to you. Submit these and all/any other documents with your application. Your application must be reviewed by the Board and will not be considered complete and submitted to the Board until the information is received.

☐ YES ☐ NO

HAS ANY OTHER LICENSING BOARD OR AGENCY IN GEORGIA OR ANY OTHER STATE EVER:

DENIED YOUR LICENSE APPLICATION, RENEWAL, OR REINSTATEMENT?

☐ YES ☐ NO

REVOKED, SUSPENDED, RESTRICTED, OR PROBATED YOUR LICENSE?

☐ YES ☐ NO

REPRIMANDED, FINED, DISCIPLINED, REQUESTED OR ACCEPTED SURRENDER OF YOUR LICENSE?

☐ YES ☐ NO

HAVE YOU FAILED TO RENEW A LICENSE, CERTIFICATION OR REGISTRATION DURING AN INVESTIGATION AGAINST YOU BY A LICENSING BOARD OR OTHER AGENCY?

☐ YES ☐ NO

IS THERE ANY DISCIPLINARY ACTION OR INVESTIGATION PENDING AGAINST YOU BY ANY LICENSING BOARD, AGENCY, OR NATIONAL CERTIFYING ORGANIZATION?

☐ YES ☐ NO

HAVE YOU FAILED OR BEEN REFUSED AN EXAMINATION BY ANY PROFESSIONAL ORGANIZATION, BOARD OR OTHER REGULATORY ENTITY?

☐ YES ☐ NO

HAVE YOU EVER HAD ANY PROFESSIONAL LIABILITY SUITS FILED AGAINST YOU?

☐ YES ☐ NO

HAVE YOU USED DRUGS OR OTHER INTOXICATING SUBSTANCES TO THE EXTENT THAT THESE AFFECTED YOUR PROFESSIONAL COMPETENCE?

IMPORTANT: Have you completed the background check through the Georgia Applicant Processing Services (GAPS) as explained in the instructions on page 1? Yes: ____ No: ____

If No, when will you be completing this requirement? _____.

NOTE: YOUR APPLICATION FOR LICENSURE CANNOT BE PROCESSED WITHOUT THE CRIMINAL BACKGROUND CHECK HAVING BEEN COMPLETED AS EXPLAINED IN THE INSTRUCTIONS ON PAGE 1.



GEORGIA BOARD OF MASSAGE THERAPY

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PART 7: APPLICANT SIGNATURE AND AFFIDAVIT

YOU MUST SIGN THIS AFFIDAVIT IN THE PRESENCE OF A NOTARY

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Massage Therapy, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

- 1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on pages 8 & 9 of this application.**

- 2) _____ I am **not** a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number (See pages 8 & 9 of this application).**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Massage Therapy and/or criminal prosecution.

Signature of Applicant _____

Date _____

Sworn to and subscribed before me this

_____ day of _____, 20____

Notary Public Signature (Notary Seal)

My commission expires: _____

Note to Notary: Application should be signed with proper ID.

PLEASE SEPARATE THIS FORM, GIVE TO YOUR MOST RECENT EMPLOYER TO COMPLETE, AND RETURN THE COMPLETED, SIGNED AND NOTARIZED FORM TO THE BOARD:

**GEORGIA BOARD OF MASSAGE THERAPY
237 COLISEUM DRIVE, MACON, GEORGIA 31217-3858**

VERIFICATION OF EMPLOYMENT

Instructions:

1. Applicant: complete Section I and sign.
2. Submit this form to your most recent **employer (Personnel Director, Human Resources Department)** who can provide verification of your practice as a massage therapist.
3. If you are self-employed, complete the Verification of Employment form yourself, indicate self-employed, and sign it.
4. Return the completed, signed and notarized form with your application materials to the Board.

Section I (To be completed by applicant)

Printed Name of Applicant: _____
Last First Middle Maiden

Applicants Address: _____
Street City State Zip Code

RELEASE: I do hereby consent to and authorize the release of any and all records and information concerning my employment as a Massage Therapist to the Georgia Board of Massage Therapy. I understand this information is required as part of the application for licensure process

Signature of Applicant:

Applicant Phone Number(s):

APPLICANT – DO NOT WRITE BELOW THIS LINE

(If self-employed, complete this section for your business)

Section II (To be completed by person verifying employment)

Instructions:

1. Complete Section II of this form. If self-employed, complete this section indicating your business name, address, etc....
2. Massage Therapy employment must have been for compensation.
3. **Return this form to the applicant to submit with their application for licensure.**

1. Name of Business: _____ Phone Number: _____

2. Physical Address of Location: _____
(City/State/Zip Code)

3. Applicant's Position/Title: _____ 4. Employment Dates: From: _____ To: _____

5. Physical Location of practice (mobile, contract, or same as above): _____

6. Printed name and title of person verifying employment: _____
(Name) (Title)

Sworn to and subscribed before me this

_____ day of _____, 20____

Signature of Employer/Person completing this form

(Notary Seal)

Notary Public Signature

My commission expires: _____

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

License Applied For: Massage Therapist

Name (Please print clearly)

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “not later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>
[O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- _____ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- _____ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- _____ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- _____ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. §50-36-2(b)(3); 22 CFR § 41.2]
- _____ A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- _____ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- _____ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- _____ In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36- 2(c)]